

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: SET OF EQUIPMENT COMPRISING AN  
INFLATABLE STRUCTURE AND MEANS  
FOR GUIDING ITS DEPLOYMENT, AND  
CORRESPONDING MOTOR VEHICLE  
Attorney Docket Number:: 0512-1190  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 4  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ETIENNE  
Middle Name::  
Family Name:: GALMICHE  
City of Residence:: ETUPES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 18 RUE DES FAUVETTES

City of Mailing Address:: ETUPES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 25460

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: LASPESA  
City of Residence:: SIX FOURS )  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 158 ALLEE DU MONT CAUME

City of Mailing Address:: SIX FOURS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 83140

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LAURENT  
Middle Name::  
Family Name:: D'EMMANUELLE  
City of Residence:: TOULON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 372 CHEMIN DU TEMPLE

City of Mailing Address:: TOULON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 83200

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 15382	12/5/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::